Transforming Hawaii's LTSS Access Functions into a No Wrong Door System for All Populations and All Payers

Response to Solicitation HHS-2015-ACL-CCASD-NW-0110

JULY 27, 2015

TABLE OF CONTENTS

Contents

Project Narrative 1

Summary/Abstract 1

Problem Statement 1

Goals and Objectives 4

Proposed Intervention 5

Special Target Populations and Organizations 11

Outcomes 12

Project Management 13

Evaluation 15

Dissemination 17

Organizational Capability Statement 17

Conclusion 19

Project Narrative

SUMMARY/ABSTRACT

Hawaii's State Department of Health, Executive Office of Aging is designated by the Governor to lead the No Wrong Door (NWD) effort with the Area Agencies on Aging (AAAs) operating Aging and Disability Resource Centers (ADRCs), the Med-QUEST Division (MQD) (Medicaid agency), the University of Hawaii (UH), Hilopa'a (the Family to Family Health Information Center), the Developmental Disabilities Division (DDD), the Adult Mental Health Division (AMHD), Division of Vocational Rehabilitation (DVR), and the Office of Veteran's Services (OVS). The 3 year **goal** is to support all individuals with LTSS needs make informed choices about their supports so they can lead meaningful lives. The **objectives** are to: 1) weave existing publicly-funded LTSS access points into an integrated network; 2) expand capacity to support all populations with person-centered counseling; 3) ensure that ADRC Network counseling is person-centered; and 4) create multiple funding sources to sustain the ADRC Network. Anticipated **outcomes** are: 1) 12,500 people receiving PC counseling; 2) an integrated and streamlined ADRC Network; 3) minimum 100 ADRC Network staff trained to use a PC approach and systems integration with 300 affiliate partner personnel trained in ADRC engagement; 4) FFP claiming infrastructure projected to produce at least $500,000 per year; 5) a signed agreement for the ADRC Network to provide managed long term services and supports (MLTSS Choice Counseling); 6) sustainable Hawaii-based training infrastructure. Expected **products** include: 1) written agreements (e.g. MoUs) among the NWD partners; 2) Hawaii-based PC training institute; 3) managed care rule compliance strategy that includes a central role for agencies with established, conflict-free relationships with the older adult and disability communities.

PROBLEM STATEMENT

While Hawaii has made great progress building infrastructure to support person-centered counseling for certain populations, notably individuals ages 60 and above receiving assistance through AAAs and

individuals with intellectual and developmental disabilities (IDD), we identified a number of remaining challenges as part of our NWD planning grant (see the NWD Assessment, which we have included as ***Appendix 1***). As the assessment shows, some individuals receive robust person-centered counseling (PCC) however, others do not because 1) they entered the system at the wrong Door and were not referred for PCC or 2) Hawaii does not have an adequate and consistent infrastructure to provide PCC for individuals who are not Medicaid beneficiaries. As part of the NWD planning grant, we identified the following structural barriers to creating a seamless PCC system for all individuals. Described below are the identified **challenges** and solutions to overcome these issues.

1) Hawaii's ADRC effort has been primarily focused on EOA, the AAAs, and the populations that they have traditionally served. While there has been notable success establishing bridges to other agencies, notably DDD, AMHD, and the Disability and Communication Access Board (DCAB), these entities and other key Doors to LTSS have not felt included in the ADRC effort. Hawaii's NWD planning grant has resulted in an agreement to rectify this by expanding and rebranding the ADRC in Hawaii to include all of the major access points for publicly funded LTSS. This will result in the transformation of the ADRC from a traditional AAA-based approach to a network that embraces, utilizes, and coordinates PCC to create a more seamless process for all participants and populations.
2) Under the current system, processes for accessing Medicaid are only loosely and informally coordinated with the ADRCs. While the ADRCs may provide referrals and assistance in filling out applications, the knowledge of their capacity to be a resource is not widely known throughout the community. The ADRCs do not receive any Medicaid FFP for providing this support. In addition, individuals applying for Medicaid directly are not referred to the ADRC for supplemental support. Under the NWD planning grant, MQD has agreed to let the emerging ADRC Network play a central role in processes for accessing QUEST Integration, Hawaii's MLTSS program. MQD has further pledged to work with the ADRC Network to draw down Medicaid administrative

FFP.

3) The lack of coordination among the LTSS access points means that participants may need to navigate and endure multiple screening, assessment, and eligibility determinations. Consumers find this quite frustrating, as it requires them to repeat their story several times. This application will streamline referral protocols across programs thus minimizing duplication. In addition, the effort will bring greater consistency and integration across the assessment and support planning processes with the goal of creating integrated support plans that are informed by a unified, person-centered assessment process.
4) A gap exists for some populations where there is no access point, notably younger adults with disabilities who are not eligible for Medicaid. Under this effort, EOA will expand the capacity to serve other populations using both the existing AAA/ADRCs and a supplemental pool of vendors who can provide counseling and other supports.
5) The ADRC effort and other efforts to comply with ACA 2402(a) driven guidance and rules (e.g., the Center for Medicare & Medicaid Services' (CMS) home and community based (HCBS) and managed care rules) have created a need to develop infrastructure to supply ongoing training on person-centered thinking. Hawaii has had a head start with instituting person centered planning as a methodology for segments of the population. For example, Chapter 333F, Hawaii Revised Statutes (HRS), mandates that person centered planning be used for the provision of services for persons with developmental/intellectual disabilities. In addition, all Medicaid managed care contracts require the medical health plans to provide person centered planning. However, this level of requirement or endorsement has not been generalized across all vulnerable populations. In developing a training and engagement strategy, attention must be given to not alienate the workforce with a higher degree of knowledge and competency, while content knowledge must be deployed to a less experienced workforce. Although Hawaii is comprised of many diverse cultures, a common dimension amongst many of the cultures is the value of collectivism. This value at

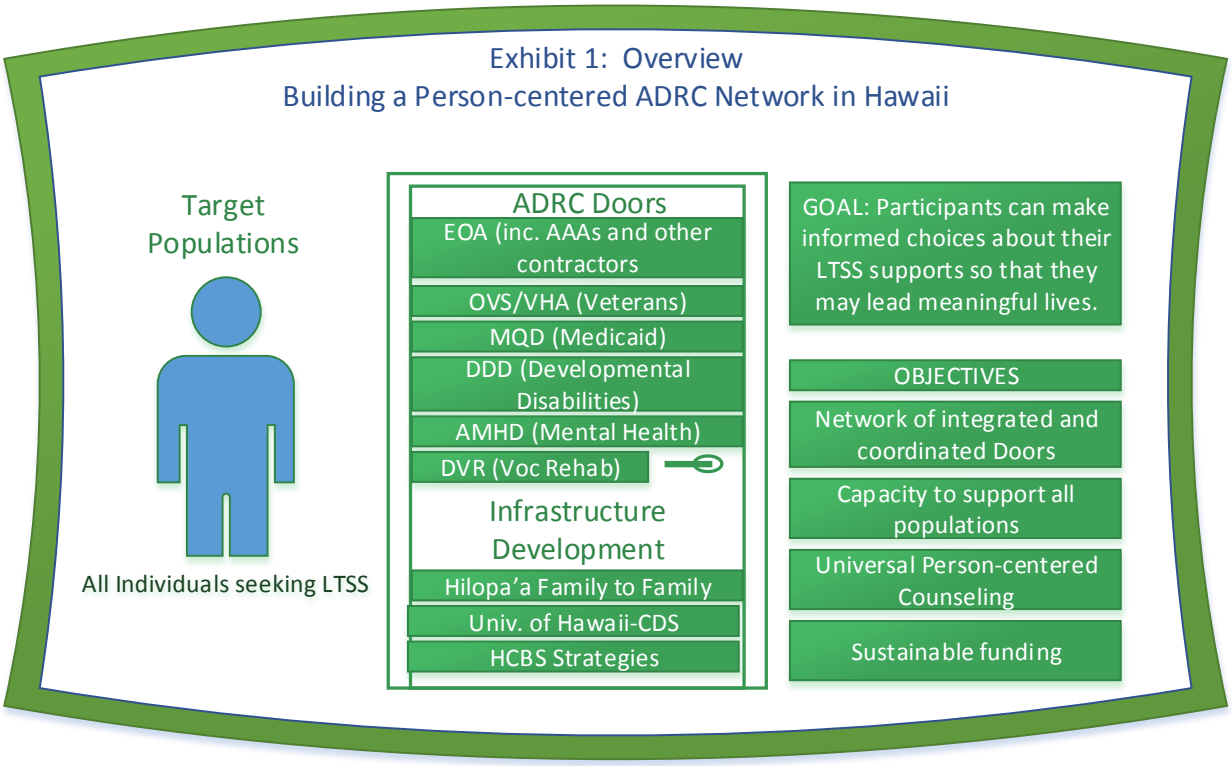
times runs counter to the philosophical constructs of person centered planning as well as self management strategies used in chronic disease interventions. Under this grant, Hilopa'a, an agency very familiar with the diverse cultures in Hawaii, will build that training infrastructure.

6) MQD will need to develop and adapt an infrastructure to respond to CMS' managed care rules. The draft rules include training their network on community resources and offering choice counseling. This grant will allow the emerging ADRC Network to play a central role in meeting these needs by building the EOA ADRC Network and the training infrastructure.
7) While the State has allocated substantial funding for the ADRC initiative, securing this funding has been a year to year struggle, creating uncertainties that threaten the sustainability of the initiative. This effort will ensure that the ADRC Network is sustainable by: a) diversifying sources of funding including accessing Medicaid FFP, VA, and Health Plan funding; b) making a stronger case for State funding by having budget requests that are coordinated across and supported by multiple agencies.

Hawaii's effort is of special importance because it will demonstrate how the ADRC Network can play a central role in meeting two of CMS' essential elements of MLTSS (beneficiary support and a person-centered system). Thus, by the time CMS publishes its final managed care rules, ACL can use the results of this initiative as a best practice that other states can emulate.

GOALS AND OBJECTIVES

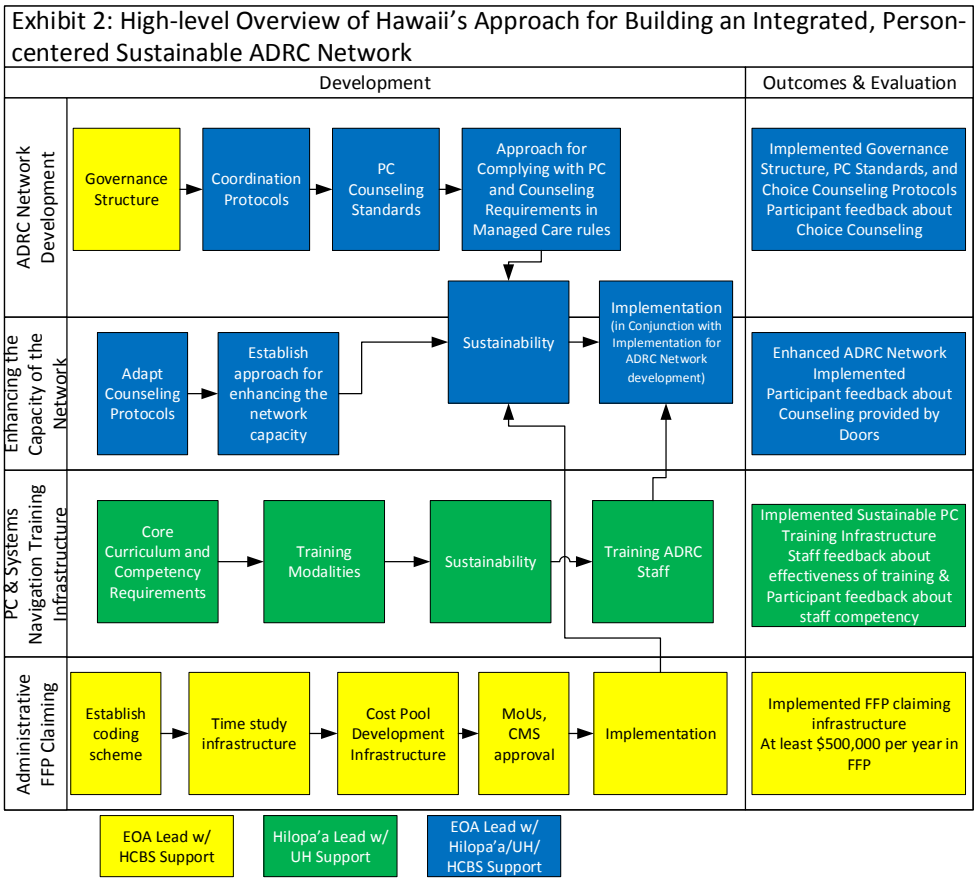
Exhibit 1 provides an overview of the effort. The **goal** of this three-year project is to support all individuals with LTSS needs in making informed choices about their supports so that they can lead meaningful lives. Hawaii proposes to achieve this goal by building a sustainable person-centered ADRC Network that integrates, improves, and expands existing LTSS access infrastructure.



Building this cross-disability effort will involve meeting four **objectives**: 1) weaving existing entities that oversee access to publicly-funded LTSS (identified as ADRC Doors in ***Exhibit 1***) into an integrated network; 2) expanding capacity of this network to support all populations, notably younger adults with disabilities and children with LTSS needs; 3) ensuring that the counseling provided by the ADRC Network supports people in making informed choices to identify the optimal way of achieving their personal goals (i.e., person-centered); and 4) creating a blend of funding sources (with an emphasis on Medicaid FFP) to sustain the ADRC Network.

PROPOSED INTERVENTION

Exhibit 2 provides a high-level summary of the major components of the proposed approach and the organizations who will be overseeing these components.



These components are fleshed out further in the required work plan of this grant application and a Gantt chart contained within the work plan that demonstrates the interdependency of the activities. Both of these documents outline the timing of the activities across the three grant years. It is important to note that to create a logical and achievable work plan, we have divided the **sustainability** objective into the following components: 1) determining funding for MLTSS Choice Counseling follows directly from the development of Choice Counseling; 2) developing a business case to provide counseling to individuals not eligible for Medicaid and requesting additional State funding to provide this counseling; 3) planning and sustaining funding for the training which is linked to the development of this infrastructure; and 4) carving out the infrastructure to support Medicaid administrative FFP claiming as a separate line item.

As our work plan demonstrates, we have built in obtaining input from the Doors and our stakeholders at each step. See the subsection entitled Organization and Stakeholder Involvement in the Section on

Target Populations and Organization for the proposed approach. The ACL grants that supported Hawaii in developing its full-functioning network of ADRCs, the Community Living Program (CLP), and the NWD Planning grant have built the foundation on which this effort will progress. The previous grants allowed EOA and the county-based AAAs to develop a track record of success that has resulted in substantial State funding and the willingness of our sister agencies to take up the ADRC banner (we built it and they came).

ADRC Network Development: Under the ADRC Network, the major access points to publicly-funded LTSS will be known as ADRC "Doors." The following Doors have submitted letters showing their support for building this network and participating in this effort: Department of Health (DOH) - EOA, and the contracted AAAs, the Adult Mental Health Division (AMHD) and Developmental Disabilities Division (DDD); Department of Human Services (DHS) - MQD (the single-state Medicaid agency) and Division of Vocational Rehabilitation (DVR); and the Office of Veteran's Services (OVS) located within the Hawaii Department of Defense. As defined in the draft NWD three-year plan that is under development, agreeing to be a Door involves 1) participating in the ADRC Network governance structure; 2) committing to building and implementing infrastructure to improve the experience of participants as they move across Doors; and 3) adopting a person-centered approach.

The first step in building the ADRC Network will be to establish a **governance structure.** The Honorable Governor David Ige has designated the Executive Office of Aging as the lead of the NWD Effort. We have negotiated a preliminary high-level agreement about this structure as part of the NWD planning grant. With support from HCBS Strategies, EOA will present and obtain buy-in on workgroups, subcommittees, staff leads, and coordination and management infrastructure. We also plan on formalizing and integrating current mechanisms for obtaining stakeholder input into ongoing Participant and Partner Advisory Committees.

Next, EOA will develop protocols to guide the **coordination among the Doors**. Under the ADRC effort, EOA has already implemented MoUs with several of its partners that clarify referrals to and

from each agency and commit to cross-training. This effort will expand upon this success by ensuring that staff at each of the agencies understand the supports offered by the other Doors and when and how they should refer participants to them.

The Doors will establish a common set of standards to enhance the Doors' **person-centered** approach. The development of these standards will be informed by CMS rules and ACL guidance. We anticipate that a core component of these standards will be the offer of a written plan that is driven by person-centered goals.

Because the bulk of Hawaii's Medicaid funding is in the form of MLTSS, positioning the ADRC Network to be a central player in compliance with the CMS managed care rules is a vital part of this effort. If not changed in the final rules, MQD will need to expand their health plan requirements to address any new PC components of the HCBS rules and offer Choice Counseling to individuals enrolling in or changing Health Plans not currently in place. Under this effort, we will work with the Doors and MQD to develop an expanded Choice Counseling approach that can be fulfilled by the ADRC Network and is acceptable to MQD.

Enhancing the Capacity of the Network: As we noted in the NWD assessment, in addition to integrating the LTSS access points into a network, Hawaii needs to build capacity to support all populations. While a major thrust of this effort will be to build the capacity to provide Medicaid MLTSS Choice Counseling, we will also seek to have capacity to serve all populations regardless of payer source.

The first step in this effort will be to **review and adapt current ADRC PC counseling protocols** so that they are appropriate for other populations. Under the previous ADRC initiative, EOA and the AAAs have built automated protocols that incorporate evidence-based tools. However, the development and use of these tools were tied to older adults. Under this grant, these tools will be revisited and adapted to reflect the needs of other populations, such as younger adults with physical disabilities, individuals with mental health needs, and children.

The next major component will be to **establish a cadre of ADRC workers who can support populations for whom capacity does not currently exist**. Notable members of this group are all individuals with LTSS needs who are Medicaid eligible and younger adults with disabilities who are not Veterans (see Appendix 1-NWD assessment for a further delineation of gaps in capacity). Hawaii plans to build upon its experience in establishing statewide capacity for its Veterans-Directed HCBS (VD-HCBS) and Community Living Programs. Under these efforts, EOA allowed the county-based AAAs to provide the assessment and coaching supports, however, if the AAAs did not have the capacity, EOA also procured additional vendors (both agencies and private workers) to fulfill these roles. Supplementing the AAA-ADRC Network with the cadre of EOA trained and certified workers has ensured that there is sufficient and flexible capacity statewide. Under this grant, EOA will replicate this process by assisting the AAA-based ADRCs to build capacity and develop a network of additional ADRC workers with experience in a range of disabilities. This approach will allow Hawaii to effectively leverage both government and non-state entities to build a comprehensive infrastructure to ensure a sufficient workforce of trained ADRC workers statewide.

As mentioned earlier, this portion of the work plan includes two major **sustainability** components. 1) We will develop the reimbursement approach for Medicaid Choice Counseling and develop cost estimates, and 2) develop a business case for a budget request for State funding to provide PCC to individuals who are not eligible for Medicaid. Given that Hawaii's Legislature has been generous in funding ADRC services for older adults, we anticipate that a well-crafted budget request will be received favorably.

We propose to **implement** the ADRC Network, Choice Counseling, and the expanded PCC to all populations under the grant. Our work plan includes the core steps, such as incorporating protocols into MIS, developing training materials, and training workers. It is important to note that funds available for this grant are not sufficient to support the ongoing provision of the expanded counseling. The actual provision of these services will be linked to finalizing arrangements with MQD to fund

Choice Counseling and the provision of additional State funds.

PC and Systems Navigation Training Infrastructure: A critical step in the achievement of the goals and outcomes of the grant is the development of the training infrastructure. Under the auspices of Hilopa'a, the team will be augmented by UH and other community partners. Applying structured analysis techniques in the **core curriculum design**, Hilopa'a will generate a train the trainer curriculum, materials, and resource guides that are grounded in problem based learning (PBL) pedagogy. Using a quality improvement paradigm, the training will go through three iterations of refinement.

To address the diverse needs of Hawaii's learners, specific attention will be given to capitalizing on Hawaii developed, legacy curricula, materials, and resources as described in Hilopa'a's organizational capacity section. The development and integration of advanced counseling content knowledge, such as benefits planning and systems navigation, will also be included to meet the workforce development needs of early adopters. The PBL methodology used in content delivery will address the cultural considerations previously identified.

A supplemental curriculum will be developed to orient and inform partner workforce on engaging with the ADRCs.

Administrative FFP Claiming: Another important component of the work plan involves **Medicaid administrative FFP claiming**. This work plan mirrors the approach that HCBS Strategies used in working with Maryland to obtain CMS approval for FFP claiming. Since the AAA-ADRCs currently do not handle claiming, the bulk of the work plan will involve building infrastructure (coding scheme, time study and cost pool) to support administrative claiming. Concurrently, we will work with the other Doors, notably AMHD, to determine whether their claiming could be expanded based upon the Maryland codes. Built on Maryland and Wisconsin's experiences, we estimate that administrative claiming could cover approximately **24% to 38%** of the ADRC costs. MQD has agreed to support these efforts.

SPECIAL TARGET POPULATIONS AND ORGANIZATIONS

Special Target Populations: By providing universal access to all populations who could benefit from PCC, Hawaii will need to address the needs of a variety of special target populations. Given Hawaii's unique mix of cultures with no ethnic majority, it can be argued that it is the only state in which the majority of its population could be considered part of a special target population. Efforts to ensure that the ADRC Network is inclusive include the following:

1) There will be a strong emphasis on including ADRC Network workers with experience with a variety of cultures. EOA has recently strengthened its capacity to ensure that all the supports it oversees meet Hawaii's strict language access law pursuant to HRS 321c. EOA has a staff member who is proficient in the state's language access law and can assist in the implementation. The approach to building the ADRC Network through the RFP process will allow EOA to have a wide range of workers.
2) As part of the continuous quality improvement approach, we will be examining to what extent and quality of ADRC supports are provided to individuals of each culture statewide. By cross-referencing these numbers with information about the make-up of each of the islands, we will be able to quickly identify underserved areas.
3) We will continue to place the strong emphasis on language and cultural accessibility as we do for disability in all components of the project, including in the PC standards and requirements for the provision of Choice Counseling (either through the AAA-based ADRC or the vendor network).

Organization and stakeholder involvement: This effort represents the collaboration of the six State agencies that will serve as Doors and their respective stakeholder groups. Up to this point, we have received input through the individual Doors and core community agencies/partners, such as the DD Council and the State Independent Living Council (SILC). As part of the ADRC Network, we propose to integrate the stakeholder input across these agencies by creating two advisory groups. The ADRC

Network Participant Advisory Committee will consist of older adults, individuals with disabilities and their advocates. The purpose will be to provide input that can be used to assess how the ADRC Network can improve meeting its primary mission – allowing participants to make informed choices about LTSS supports so that they can live meaningful lives. Therefore, the group will focus on outcomes and participant experience. The DD Council will provide support to EOA in organizing and facilitating this committee with assistance from the LTC Disabilities Specialist at EOA.

A second entity, the ADRC Partner Advisory Committee will consist of agencies that may make referrals to and/or from the ADRC Network. This group will focus more on operations and process.

As the work plan shows, both of these entities will be extensively involved in the development of these initiatives. One of the first grant activities will be to implement this structure, which has been agreed upon by the Doors as part of the NWD Planning Grant. These groups will review and provide input about the PC standards, Choice Counseling approach, procurements to increase the ADRC Network capacity, and other crucial tasks.

OUTCOMES

Exhibit 2 showed the outcomes for each of the major scopes of work. The overall goal is that individuals will have increased access to PC counseling that supports their informed LTSS choices and leads to more meaningful lives. The benefits to the state are greater efficiencies with an integrated and coordinated system of supports and services, better trained workforce, a wider network of resources statewide, and sustainable revenue to support the network. More individuals will benefit from being able to make informed choices because of PCC, resulting in greater quality of care.

The first outcome is 1) a minimum of 12,500 people per year across the Network will receive this PC counseling, though the actual number will vary depending upon the structure of Choice Counseling. The primary way of measuring this will be through tracking the number of participants receiving PCC and a follow-up survey that asks whether the participant received a person-centered plan that she or he

believed would help achieve goals that were important to the person (see the evaluation section for additional discussion about how we plan on assessing this). Additional **outcomes** include: 2) implementation of the integrated ADRC Network that streamlines access to LTSS; 3) engagement of at least 100 ADRC Network staff trained to use a PC approach and systems integration with 300 affiliate partner personnel trained in ADRC; 4) development of FFP claiming infrastructure that is projected to produce at least $500,000 per year in administrative FFP; 5) agreement of the ADRC Network to provide MLTSS Choice Counseling; and 6) sustainability of Hawaii-based training infrastructure that results in participants believing that ADRC Network staff are competent. See evaluation section for details on how the outcomes will be achieved.

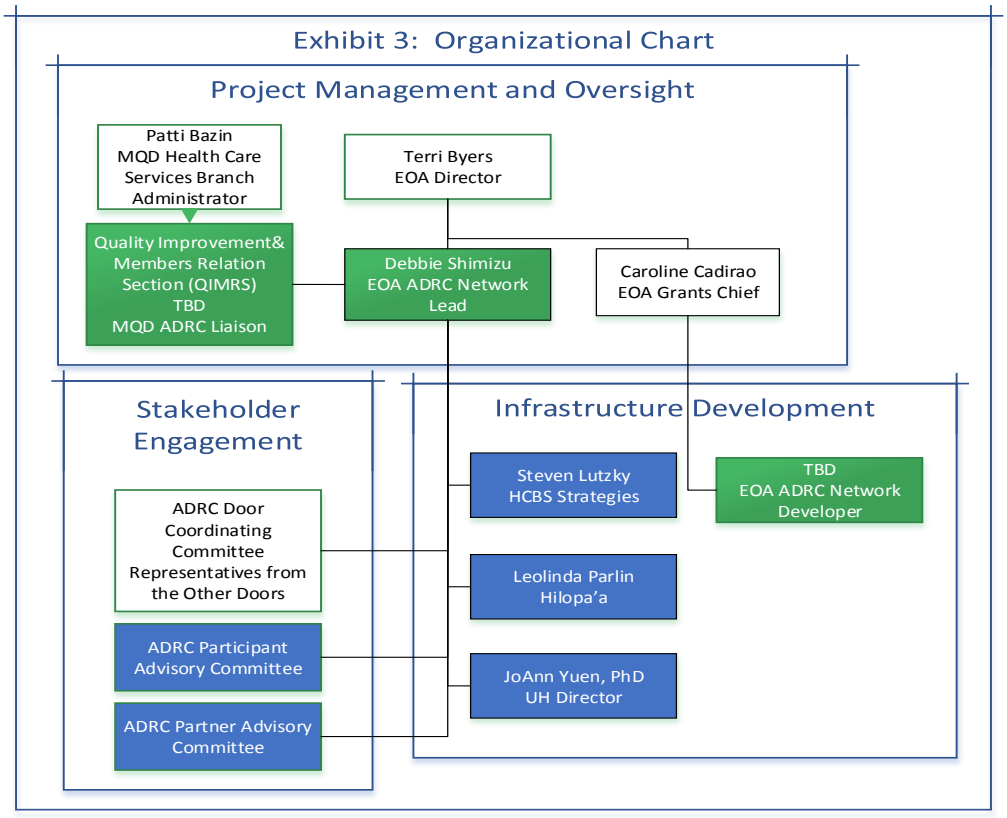
PROJECT MANAGEMENT

Exhibit 3 provides an overview of the organization of State staff, stakeholders, and contractors. We recognize that this will be a complex task to manage because we will be working with six State agencies, two advisory committees, and three contractors. The two central staff will be Ms. Debbie Shimizu, who will be the overall EOA ADRC Network Lead and a newly established ADRC Liaison to be funded by the grant and placed within MQD. Ms. Shimizu is currently the NWD planning project lead and will be responsible for managing the entire Network implementation project. Ms. Shimizu will be overseeing the stakeholder engagement efforts: a coordinating committee consisting of representatives of the Doors (this will be co-led by the MQD ADRC Liaison) and the Participant and Partner Advisory Committees. She will also coordinate the state executive budget requests and presentations to educate the state Legislature.

The MQD ADRC Liaison will be responsible for all of the components of the work that directly impact MQD, notably the potential development of Choice Counseling and FFP claiming.

We have also placed staff within EOA's Grants office, which is led by Ms. Caroline Cadirao, the Grants Chief. This office oversees the county-based ADRCs and the VD-HCBS/CLP contractor

network. This newly establish position, called the EOA ADRC Network Developer, will be assisting Ms. Cadirao in developing and launching the expanded network that will have the capability to provide Choice Counseling to all populations.



We will be assisted in this effort by three contractors whose work is described in the organizational capability statement. ***Exhibit 2*** showed which of the components of the work they will be involved in. HCBS Strategies will assist in overall project management by continuing the processes they have used to assist EOA and the AAA-ADRCs in developing and implementing the major changes these entities have accomplished. This includes facilitating biweekly project coordinating calls and updating the overall project status using MS Project. The effort will also be able to use HCBS Strategies' Asana (asana.com) account. Asana is a web-based project management tool that allows us to assign tasks to individuals and track their progress. This tool has been essential to ensuring that both contractors and State and county staff complete tasks on time.

EVALUATION

The evaluation partner, the University of Hawaii at Manoa's Center on Disability Studies (UH CDS), will implement a continuous quality improvement (CQI) approach using 1) process (or formative) data reflecting the extent to which the people responsible for implementing project activities are doing so on time and meeting measurable objectives, and 2) outcome (or summative) data on the extent to which the program achieves its intended impacts on its target groups. UH CDS will be responsible for acquiring or developing any needed evaluation tools and obtaining the required approval of all tools and data management procedures involving human subjects from the UH Institutional Review Board. The CQI approach will involve creating semi-annual summaries of process and outcome data that UH CDS will discuss with project management and, to gain stakeholder perspectives and input, the project's three collaborative bodies shown in ***Exhibit 3: Organizational Chart*** (Door Coordinating Committee, Consumer Participant Advisory Committee, and Partner Agency Advisory Committee). One CQI focus area will be on the ethnic makeup of each island's general population versus that of its LTSS recipients, along with examination of relevant complaints that may have been made (to the Hawaii Disability Rights Center or the Disability and Communication Access Board, for example), in order to expeditiously identify and address underserved populations. Reasons for deviations from the scope of work and timelines will be determined and, if called for, a strategic plan to resolve identified barriers will be developed and its results assessed at the next semi-annual review.

How each of the proposed outcomes will be assessed is described below:

1) Whether counseling for projected 12,500 individuals annually adheres to PC principles: UH CDS will work with project partners to develop and implement the previously mentioned post-PC Counseling survey of participants to gather their views on whether the process helped them make choices about LTSS that allowed them to live a more meaningful life. The survey items and administration method will be based on the capacity and readiness of Doors to adopt the survey

for long-term use as a CQI tool without overly burdening their resources.

2) Integrated ADRC Network provides streamlined access to LTSS: Examine extent proposed infrastructure for network integration has been established using the "NWD/SEP Structural Changes Requirements Checklist" (*The Balancing Incentive Program: Implementation Manual*, Mission Analytics Group, February 2013 found at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/downloads/bip-manual.pdf) at baseline and then annually. The extent to which LTSS access has been streamlined will be assessed by consulting with the three collaborative bodies and conducting focus groups with individuals who went through the process.
3) At least 100 ADRC Network staff gain attitudes, skills and knowledge needed for a PC counseling approach and systems integration with 300 affiliate partner personnel trained in ADRC engagement: Track number of staff trained and use the results of competency components in the training modules to assess the extent that the attitudes, skills and knowledge of trainees were enhanced.
4) FFP claiming infrastructure projected to produce at least $500,000 per year: Examine extent proposed infrastructure has been established and obtain total amounts of annual receipts that result.
5) ADRC Network provides MLTSS Choice Counseling: Confirm agreement signed allowing ADRC Network to counsel about and refer to QUEST Integration, Hawaii's MLTSS program, and track number of successful referrals to this program.
6) Sustainable Hawaii-based training infrastructure: Assess progress of partner Hilopa'a in going through three iterations of refinement in creating a train the trainer curriculum, training materials, and resource guides that are culturally sensitive and grounded in problem based learning pedagogy. If the results of #3 above are positive, use them to seek funding to sustain training

beyond end of the project.

DISSEMINATION

Information about this project will be disseminated in the following ways: 1) the project will have a blog that includes all of the deliverables, meeting information, etc.; 2) we will submit presentations to future conferences for this grant application (our budget includes travel for this); the previous grants resulted in three presentations at the NASUAD HCBS conference; 3) UH will submit descriptions of this work to peer reviewed journals; and 4) we will be creating presentations and budget requests for the Hawaii executive and legislative branches (the Doors have agreed to collaborate on these requests and presentations). We anticipate that many of our deliverables, such as a protocol and agreement for the ADRC Network to provide MLTSS Choice Counseling, will be of greater interest to our sister states.

ORGANIZATIONAL CAPABILITY STATEMENT

As we noted in the project management section, this grant will be a team effort. We have attached information about each of the organizations and staff resumes as ***Appendix 2.***

EOA: This effort will be led by EOA. EOA is the State Unit on Aging and is the designated lead agency in the coordination of a statewide system of aging and caregiver support services. EOA oversaw the development and implementation of the 5-year plan for building full-functioning ADRCs. We have attached this plan as ***Appendix 3*** because it demonstrates that EOA is capable of developing and implementing a project with a level of complexity similar to this one. Ms. Caroline Cadirao, the EOA Grants Chief, was instrumental to the success of these earlier efforts and will be a core team member in this grant. Ms. Debbie Shimizu is currently the project lead for the NWD planning grant. She is a policy analyst in the Governor's office and has many years of experience collaborating with state government officials and community providers.

MQD: MQD will oversee all Medicaid related activities. The grant will fund a full time staff who

will be crucial to coordinating these initiatives. MQD has overseen the successful transition of the bulk of Hawaii's Medicaid program to managed care. Many of the initiatives that have been developed under this effort, such as our care coordination approach and ombudsman program, have been seen as a national model. MQD recently launched the QUEST Integration program. It is more patient-centric, includes more health plan choices for aged, blind or disabled individuals and provides expanded access to home and community-based services to prevent decline to institutional level of care. This project will be overseen by the Quality Improvement & Member Relations Section (QIMRS) of MQD. QIMRS is part of the Health Care Services Branch. Ms. Patricia Bazin is the administrator of the Health Care Services Branch and has been involved in the NWD planning grant effort.

University of Hawaii at Manoa, Center on Disability Studies (UH CDS): UH CDS is part of a Congressionally-mandated national network of 67 University Centers for Excellence in Developmental Disabilities Education, Research, and Service that connect the academy and the community through partnerships on behalf of people with or at-risk for disabilities. UH CDS has a 27-year record of research, evaluation, training, and demonstration projects in fields including education, mental health, vocational rehabilitation, maternal and child health, early intervention, benefits counseling, elder care, and human rights for diverse populations. In FY2015, it received a total of $14.5 million in funding for nearly 100 faculty and staff to conduct 40 projects in Hawaii and across the Pacific Islands as well as with national and international partners. Dr. JoAnn Yuen, UH CDS Director, will lead its participation in the proposed NWD project.

Hilopa'a: Hilopa'a is entering its 8th year as the Maternal and Child Health Bureau (MCHB) funded Family to Family Health Information Center (F2F). It has also served as the Medicaid Ombudsman since the inception of the Ombudsman in 2009. While initially engaged to serve Medicaid beneficiaries with disabilities and those over 65, their scope was expanded in 2012 to cover all Medicaid beneficiaries. Hilopa'a is noted for its development of materials such as the highly coveted "Rainbow Book: A Medical Home Resource Guide for CSHCN" and mandatory training, the Hilopa'a "Talk

Story" Transition Guide and training, and the design and deployment of the QUEST Integration Knowedge Base Series, a series of training modules specifically developed for the 150 Medicaid managed care health plan services coordinators. Hilopa'a is currently working in close partnership with Boston Children's Hospital to adapt the MCHB Family Voices Pediatric Care Coordination Curriculum (PCCC) for Hawaii's child and adult special health needs populations. Hilopa'a is the primary educational activity of the Hawaii Pediatric Association Research and Education Foundation. Ms. Leolinda Parlin, the Director of Hilopa'a, will lead the team.

HCBS Strategies Incorporated: HCBS Strategies is a small consulting firm that has been helping states and other clients build and improve home and community-based supports for more than eleven years. Their clients are comprised of state and local governments, federal agencies, and private sector organizations and they have performed multiple projects for nearly all of their clients. They have extensive experience working with ADRCs and LTSS access systems including five years of work in Hawaii. Steven Lutzky, Ph.D. will lead their team. Dr. Lutzky has conducted onsite reviews of HCBS delivery systems in more than half the states and lead major systems changes efforts in nine states.

CONCLUSION

Hawaii has been successful in building an infrastructure to support person-centered counseling for older adults over the age of 60 and individuals with intellectual and developmental disabilities due in large part to the relationships and island culture of collaboration that have been cultivated over the years. This grant opportunity will allow us to expand the infrastructure to provide person-centered counseling to more individuals, promote quality of care, ensure protections for our beneficiaries, develop a higher level of program integrity, and strengthen efforts to reform delivery systems for all of Hawaii. With our sister state agencies and community partners, we will build a network that is accessible, consistent, integrated, sustainable and supportive for all individuals with long term services and support needs so they can achieve their personal goals and lead meaningful lives.